

## FACSIMILE COVER SHEET

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June 23, 2003

**GROUP: 3683**

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**ATTORNEY DOCKET NO.: SIT-0106**

**SERIAL NO.: 09/954,994** ✓

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**JUN 25 2003**

**GROUP 3600**

**MESSAGE:** Attached is a Response to the Final Rejection dated March 21, 2003.

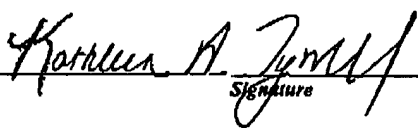
**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. <b>SIT-0106</b>	
Applicant(s): <b>Esche and Nazalewicz</b>					
Serial No. <b>09/954,994</b>	Filing Date <b>September 18, 2001</b>	Examiner <b>Melody M. Burch</b>	Group Art Unit <b>3683</b>		
Invention: <b>ADAPTIVE SHOCK AND VIBRATION ATTENUATION USING ADAPTIVE ISOLATORS</b>					
<u><b>TO THE COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ <i>Signature</i>			Dated: <b>June 23, 2003</b>		
Kathleen A. Tyrrell Reg. No. 38,350 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></p><p style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div>		
CC:					

